

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
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34	1					
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36		1				
37		1				
38		1				
39	1					
40		1				
41		1				
42	1					
43		1				
44		1				
45	1					
46		1				
47		1				
48	1					
49						
50						
TOTAL IND.	5					
TOTAL DEP.	10					
TOTAL CLAIMS	15					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						